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ABSTRACT

Research on family relationships has indicated that the family is the primary basis of security for adults in later life. To explore the family environment and interactional experience of multigenerational families in which the elderly grandparent is chronically ill, 12 families (12 grandparents, 13 adult children, and 11 grandchildren) completed written questionnaires. The elderly family member was personally interviewed apart from the other family members. Data were obtained on the family environment, perceived support, physical health, and coping strategies. The elderly persons' most common complaints were not having enough friends, not feeling needed, not having enough to do, and feeling lonely. They expressed ambivalent feelings about their situations and demonstrated a lack of clarity in others' perceptions of them, generally as the result of poor communication. The adult children felt a strong responsibility to care for their parents, although they often felt caught in the middle. They also perceived a lack of communication as the most common problem. The grandchildren expressed love and closeness in the family, yet viewed the limitations the grandparent put on the family's flexibility and freedom as a common problem. They also saw lack of communication as the overriding problem. All three generations were limited in identifying solutions. These findings point to the need for multigenerational family counseling to explore problems and solutions. (BL)

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MULTIGENERATIONAL HOUSEHOLDS: PROBLEMS AND SOLUTIONS FROM THREE POINTS OF VIEW

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The primary purpose of this investigation is to explore the family environment and interactional experience of multigenerational families where the elderly grandparent is chronically ill. The present investigators are currently in the process of refining a conceptual model which links the overall family environment to the quality of life of the elderly family member. At the same time, this pilot study is expected to be helpful in designing and implementing a counseling intervention for groups of multigenerational families who share similar situations and needs. However, the most important objective of this paper is to identify specific family relationship problems and potential solutions from three points of view; the elderly family member, the adult children, and the grandchildren. This information will then be useful to both the model development effort and the counseling intervention.

Review of Literature

Statistical reports vary in the percentages of elderly who live with their children. According to Johnson and Bursk (1977), eighty percent of the elderly have living children and of this number, seventy-five percent live in the same household or within 30 miles of their adult children. Thirty percent of all single elderly males live with their children, whereas, fifty percent of all single elderly women live with their children. According to Besdine, Birren, Cristofalo, Lawton, and Maddox (1980), about thirty percent of unattached older Americans over age 75 live as a dependent with an adult child.

It is a myth that older people are alienated from their families. Data from studies on family relationships over the past 20 years indicate that the family is the primary basis for security for adults in later life (Shanas, 1979, 1982). Although the family is the major provider of economic resources

and nursing care for the elderly, the interpersonal relations between family members is not always optimal.

Numerous recent articles indicate that families are the major source of emotional and physical support for most elderly persons (Brody, 1977; Johnson & Bursk, 1977; Carter & McGoldrick, 1980). Family organization is often disrupted, however, from problems which arise while trying to maintain a supportive family relationship (Brody, 1977; Robinson & Thurnher, 1979; Treas, 1977). The resulting stress is augmented by perceived deterioration of the elderly parents' mental and physical capacities and the confining nature of the care-taking situation (Bowen, 1978; Headley, 1977; Power & DellOrto, 1980). Underlying this disturbance in function is an assumption that conflict, unmet expectations, beliefs, and problems between the elderly and their adult children and grandchildren are in part the result of early family interpersonal and/or interactional experiences which were hurtful or unsuccessful (Spark, 1976; Boszormenyr-Nagy, 1982). The resulting patterns of interaction and coping continue to interfere with ongoing relationships.

As financial difficulties increase due to the economic problems facing the United States, it is expected that increasing numbers of elderly will be living in the homes of their adult children (Garrett, 1979). In some families, there will be inadequate care, fatigue and an overwhelming burden on the care givers, abuse, and neglect of the elderly person. These problems often result from family conflicts and unresolved feelings from the past. It is not unusual for dysfunctional relationships to go unnoted until there is a crisis in health care or hospitalization occurs. Seldom is there involvement by the family in changing the dynamics which result in a continuing cycle of ineffective interaction. An assumption of this study is that it is possible, however, to alter the cycle of destructive behavior. Health professionals can

be taught to identify the variables which result in dysfunctional family interactions and to apply the appropriate types of intervention. It is important, however, that intervention programs be tested for overall effectiveness.

A common theme in studies on elderly family relationships is "that family members caring for ill older relatives are a very vulnerable group" (Gibson, 1982). The psychological burden of care giving is in many cases as difficult as the physical burden. The disruptions in the family's personal life and the need to always have someone with the elderly person are repeated issues expressed by care givers (Gibson, 1982)

The majority of studies on family intervention between the elderly and their adult children focus on the impact of dementia on the family. Bergmann, Foster, Justice, and Matthews (1978) found in interviews of 87 families with elderly demented parents that family support seemed the most important factor in keeping the elderly person out of institutions. More than half of these families, however, reported emotional upset related to their elderly parents' behavior and restrictions in their social and leisure activities. Physical health of family members also was affected.

Zarit, Reever, and Bach-Peterson (1980) evaluated factors contributing to feelings of burden by 83 care givers of elderly persons with senile dementia. The degree of burden was not found to be related to the behavioral problems caused by the illness, but to the social supports available. The greater the number of visitors to the household by other family members, the less the perceived burden. The authors suggested that professionals form a supportive counseling relationship with involved family members to help decrease excessive feelings of burden. This in turn could contribute to the development of informal supportive networks among family members and friends.

In a study of primary care givers of 55 patients suffering from irreversible dementia, Rabins, Mace, and Lucas (1982) found that the most serious problems of the elderly person were memory disturbances, catastrophic reactions, demanding/critical behavior, and communication disorders. The care givers cited the following problems for themselves: (1) chronic fatigue, anger, depression; (2) family conflict; (3) loss of friends and hobbies, no time for self; (4) worry that care giver will become ill; (5) difficulty of assuming new roles and responsibilities; and (6) guilt.

The major goals of group counseling as described by Hausman (1979) were to assist families with (1) finding a balance between responsibility to one's self, nuclear family, and parents; (3) making specific decisions about the extent and limitations of the members' duties and obligations to their parents and what the attendent behavior should be; and (3) learning to deal with one's parents in a mature way, leaving behind the conflicts, rebellions, and unresolved issues from childhood and adolescence. Issues which were common to most of the families were unpreparedness for the burden of care, indignities of old age, questions about one's aging and death, dependence on parents, sibling relationships, parental grief, self-centeredness of older parents, and communication with parents, relatives, and professionals. Family members reported that they grew from the sessions in the following areas: successful aging, parent-child relationships, decision making for themselves and their parents, and how to deal with resentment and feeling trapped.

Safford (1980) developed a counseling program for families of the mentally impaired. The content of her program included a definition of mental impairment; interrelationships of physical, psychological, and social causes of mental impairment; practical steps for protective care when the elderly do not recognize the need for management; knowledge that there is no satisfactory

solution to some problems; and methods for prioritizing problems. The major problems identified by the participants were a sense of anguish over the situation, guilt from purposeless arguments, paranoia of the elderly person, and difficulties in finding suitable help for the elderly.

Mindel and Wright (1982) found that important predictors of satisfaction in multigenerational households consisted of characteristics of the older person and the primary care giver. The major predictors were dependency status, situational problems of daily life, and characteristics of the primary care giver. The primary care giver characteristics included martial status, race, socioeconomic staus, and consanguinity; but the characteristics did not include family characteristics such as family relationships and system maintenance variables. Of the primary care giver characteristics, only marital status and race had direct effects. (The never-married and black expressed higher levels of satisfaction than the married or white primary care givers.) Activity level, as a dependency characteristic, had a direct effect on satisfaction as did inconvenience of daily living. These two latter variables are highly correlated and could be subsumed under the variable, degree of impairment. Further investigation of how family variables affect life satisfaction and quality of life clearly is needed.

Methods

Families for this pilot study were identified by a physician who was treating the chronically ill elderly member and a local senior center. Of the twenty-two families who were invited to participate in the household interview, ten refused (45%). The mean age of the elderly family member who refused to participate was 78 with a range of 66 to 93. The primary reason for their refusal was the poor physical or mental health of the elderly member.

Ten of the participating families were caring for an elderly mother and two for a father. The mean age of the grandparent was 79 with a range of 62 to 88. Four of the elderly were living with a son, seven with a daughter, and one with a granddaughter. The mean age of the adult child was 50 with a range of 24 to 66 and the mean age of the youngest generation was 17 with a range of 12 to 22. Most of the elderly had two or more chronic impairments with the most common being arthritis (7), heart disease (3), hypertension (3), diabetes (3), loss of hearing, poor sight, and back problems.

All of the family members over the age of 12 were asked to complete a written questionnaire with the assistance of a trained interviewer. The elderly family member was personally interviewed apart from the other family members. Data were obtained on the family environment (Moos, 1974), perceived support, physical health and a variety of open ended items dealing with specific difficulties and coping strategies. The total sample consisted of 12 chronically ill grandparents, 13 adult children, and 11 grandchildren.

Findings

A content analysis of the elderly family member's questionnaire reveals very few major problems but identified several ambivalent feelings and contradictory statements. All of the elderly reported that they had a confidant who was female. Seven of the confidants were daughters or daughters-in-law and the remaining five were friends. None of the twelve participants gave the impression of being highly dissatisfied about their relations with other family members but several indicated personal dissatisfactions. The most common personal complaints were not having enough friends (N=6), not feeling needed, not having enough to do and feeling lonely (N=4).

A great deal of ambivalence was noted in most of the elderly member's feelings about their situation. It was common for them to report that they enjoyed having family members around, had good relationships, and loved their families, but simultaneously many wished that they could express themselves more openly and some felt like a burden to the family. Specific complaints included: "having lots of kids around bugs me," "they tell me what to do and I have to go along," "they are too busy," "we always used to have good relationships but as for now its just such a different situation," "I don't have much in common with the grandchildren," "I feel like I'm crowding them," and "they don't understanding what it is like to get old."

When the elderly member was asked to describe how the other family members perceived them, the typical responses indicated a lack of clarity. The following quotes from seven of the elderly illustrate this problem area:

-- "I don't know how the children feel."
-- "I don't know how they feel about me getting older."
-- "Can't even imagine what the children think."
-- "I guess they feel that way."
-- "They don't understand what it is like for me to get old."
-- "Don't know how they feel about me."
-- "You'll have to ask them, because I don't know what they would say."
-- "We don't have many problems but I don't know what they would say."
-- "I guess they understand."

Not only do these statements reflect a lack of clarity but they also indicate a lack of open communication. It was common for many of the research participants to answer that they didn't know, were not sure, or that they were uncertain about a variety of interview questions. The most obvious finding in this study is that many of the elderly family members feel uncertain about how

they are viewed by the family and that it is largely due to the lack of open discussion concerning their relationships with the family.

It is interesting but not surprising that the elderly respondents were either unable or unwilling to identify any potential solutions to their problems. Only three of them even suggested that they wanted to talk more about their concerns with other family members. The most common solution was improved health. Yet for most of them, there is not expected to be major changes in their physical health. It is likely that improved communication within the family will have to be facilitated by something external to the family. Only four of the twelve elderly respondents said that their family tries new ways of dealing with problems.

From the perspective of the adult children, the problems appear to be either magnified or more clearly expressed when compared with the views of the senior family members. However, as a group, the adult children also feel and express a strong sense of responsibility to care for their aging parents. They are also likely to describe the love and respect which they have for them.

Three of the thirteen adult children who completed the study questionnaires responded favorably to almost all items. Their comments included the following: "Everyone loves and respects each other," "I feel terrific about her," "We discuss everything," "She's my best friend," "The children love having her with us," "She's overly generous, thoughtful, considerate, independent, and a leader with scruples and standards." Several of the families in this study appear to have adapted quite well to the multigenerational household situation.

Several of the adult children made reference concerning their difficulty of being caught in the middle. Trying to meet the expectations of an aging

parent and their children presents some potential relationship problems. One adult child stated, "my mother's inflexibility has created problems with our children. We have to make all plans around her." Two other adult children were more specific about their problems of being caught in the middle. One of them wrote, "She tries to step in on discipline and ideas with the children and the conflict makes it hard to raise a family." Discipline was also a concern of another adult child who wrote, "I don't care if the kids forget to turn off the light or wash their hands, the world will go on. Grandpa talks to them like it will end."

Once again, the most common problem from the adult child's point of view is related to the lack of communication. Eight of the thirteen adult children made references to their desire to talk more with their elderly parent. The following comments are illustrative of this problem:

-- "Sometimes I wish I had more time just to talk to her. I would like to talk about things we did when I was a kid."

-- I would like to talk to him about his girlfriend. He should broaden his relationships. I don't want him to marry her."

-- "Someday I would like to talk with her about how it feels to get old."

-- I would like to talk more but it isn't easy to visit with her."

-- The kids love him but are afraid to get close to him."

Other problems identified through the questionnaire included complaints about the lack of visitors for their parent, drinking and smoking problems, the need for respite care, resentment toward the parent for changing the family lifestyle, and psychological problems associated with watching a loved one age and deteriorate physically. It is clear that there is a multitude of specific problems for adult children who care for an aging parent in their own home. However, the only solutions provided by those in this study were to increase the number of visitors for the parent, to have some assistance in the

physical care responsibilities, and to have some additional free time away from the home. As was the case with the elderly parent, the adult children are also better able to identify problems than they are to be aware of potential solutions.

Eleven grandchildren completed questionnaires which showed a great deal of consistency. All eleven indicated that they loved their grandparent and that they felt their families were quite close. The grandchildren were more succinct and less detailed in their responses, but several common problem areas were identified. Five of them described problems in getting away from home for overnight trips. Two grandchildren in the same family wrote that they did not take overnight trips anymore because of their ill grandparent. Others also pointed out that it was frequently difficult to find someone to check on their grandparent when they were away.

The diversity of problems is noted in the following statements by grandchildren:

-- "We have to cater to his personal obsessions, ultra clean carpet and no use of the front door. Its difficult to do what we want because he oversees everything. He's very difficult to work with."

-- "I do not feel that my home is my own."

-- "I don't like her coughing."

-- "We are unable to do things as a family."

-- "I need more space."

-- "We need communication without so much emotion."

-- "The family needs to do more together."

Suggested solutions to these problems included the need for help in caring for the ill grandparent so that the family members feel free to leave the home in the evenings, more space in the home for privacy and independence,

and improved communication. No specific ways to bring about these improvements were identified by the grandchildren.

Conclusion

According to the results of this study, it is much easier for all members of multigenerational households to identify problems than it is for them to suggest possible solutions. It is also noteworthy that most of these families are characterized by sharing love and respect for all family members. This might be expected of those included in this study because they are already caring for an ill elderly member and they also agreed to be in the study.

Although there was much diversity in the specific kinds of problems that these families experienced, there is a common problem associated with the lack of open communication. All three of the generational perspectives explored in this paper adds evidence to the pervasiveness of the problem. Some of the qualitative data suggests that there is a willingness and desire for improved communication, but members of all three generations have inhibitions or obstacles that must be resolved.

These twelve families, including those with few problems, would most likely benefit from the assistance of skilled family counseling sessions where problems and potential solutions could be identified and discussed. The entire family should be present at the sessions in order to facilitate empathy and shared understanding. Many of the families might be initially reluctant to participate in any counseling intervention, but with sincere encouragement many would agree.

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